



**FLORENCE FAMILY AQUATIC CENTER  
2010 MEMBERSHIP REGISTRATION FORM**

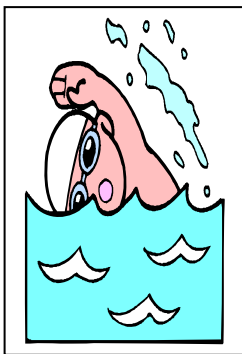
NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

FAMILY MEMBERS: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Male/Female: \_\_\_\_\_



_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**\$225** CITY OF FLORENCE RESIDENT FAMILY \_\_\_\_\_

**\$375** NON-RESIDENT FAMILY \_\_\_\_\_

**\$125** CITY OF FLORENCE RESIDENT SINGLE \_\_\_\_\_

**\$200** NON-RESIDENT SINGLE \_\_\_\_\_

**\$100** CITY OF FLORENCE JUNIOR (13-18 YRS.) \_\_\_\_\_

**\$175** NON-RESIDENT JUNIOR \_\_\_\_\_

**\$ 75** CITY OF FLORENCE RESIDENT SENIOR \_\_\_\_\_

**\$110** NON-RESIDENT SENIOR \_\_\_\_\_

**NAME OF FLORENCE BUSINESS:** \_\_\_\_\_

**\$300** CITY OF FLORENCE BUSINESS FAMILY \_\_\_\_\_ **\$165** CITY OF FLORENCE BUSINESS SINGLE \_\_\_\_\_

I, for myself and as parent or guardian on behalf of the family members listed above who are minors, in consideration of permission granted to me and such minors by the City of Florence, Kentucky, AGREE at my/our own risk, to participate in the use of the City of Florence's Family Aquatic Center, recognizing that such participation involves the risk of physical injury. I further AGREE to be responsible for payment of all medical expenses incurred by myself and/or on behalf of such minors resulting from that use and hereby RELEASE and discharge the City of Florence, Kentucky, its elected officials, agents, officers and employees from any and all claims, demands, actions, judgments and executions which the undersigned, or such minors, ever had or now has or may have by which the undersigned, such minors, or my/their heirs, executors, administrators or assigns may have, or claim to have, against the City of Florence, Kentucky, its elected officials, agents, officers and employees for all personal injuries, known or unknown, and injuries to property, caused by or arising out of participation and use by myself or such minors of the Family Aquatic Center.  
I have read this Release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

Signature \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE: Payment: Cash Amt. \_\_\_\_\_ Check# \_\_\_\_\_ Amt. \_\_\_\_\_ Date \_\_\_\_\_

Credit Card: MC \_\_\_\_\_ VISA \_\_\_\_\_ AE \_\_\_\_\_ DISC \_\_\_\_\_ Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ CVV Code \_\_\_\_\_ Signature \_\_\_\_\_